

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

Plaintiff(s) James L Leach

v.

Defendant(s) SBM Maintenance
Contractors,

Case Number: 08 c 50011

Judge FILED

JUN 11 2008

MOTION FOR APPOINTMENT OF COUNSEL

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

1. I, James Lamont Leach, declare that I am the (check appropriate box)
☒ plaintiff ☐ defendant in the above-entitled proceeding and state that I am unable to afford the services of an attorney, and hereby request the Court to appoint counsel to represent me in this proceeding.
2. In support of my motion, I declare that I have made the following attempts to retain counsel to represent me in this proceeding:
3. In further support of my motion, I declare that (check appropriate box):
☒ I am not currently, nor previously have been, represented by an attorney appointed by the Court in this or any other civil or criminal proceeding before this Court.
☐ I am currently, or previously have been, represented by an attorney appointed by this Court in the proceeding(s) described on the back of this page.
4. In further support of my motion, I declare that (check appropriate box):
☐ I have attached an original Application to Proceed In Forma Pauperis in the proceeding detailing my financial status.
☒ I have previously filed an Application to Proceed In Forma Pauperis in this proceeding and it is a true and correct representation of my financial status.
☐ I have previously filed an Application to Proceed In Forma Pauperis in this proceeding; however, my financial status has changed and I have attached an amended Application to Proceed In Forma Pauperis to reflect my current financial status.
5. I declare under penalty that the foregoing is true and correct.

James Lamont Leach

Movant's Signature

2507 Anderson St

Street Address

RHFP IL 61102

City/State/Zip

Date: 6-11-08

As indicated in paragraph three on the opposite page, I am currently, or previously have been, represented by an attorney appointed by this Court in the following civil or criminal action(s):

Assigned Judge	Case Number
Case Title	
Appointed Attorney's Name	
If case is still pending, please check box: <input type="checkbox"/>	

Assigned Judge	Case Number
Case Title	
Appointed Attorney's Name	
If case is still pending, please check box: <input type="checkbox"/>	

Assigned Judge	Case Number
Case Title	
Appointed Attorney's Name	
If case is still pending, please check box: <input type="checkbox"/>	

Assigned Judge	Case Number
Case Title	
Appointed Attorney's Name	
If case is still pending, please check box: <input type="checkbox"/>	

Attachment to
motion for
Appointment of
counsel

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

James Lament Leach
Plaintiff

v.

SBM maintenance contractors
Defendant(s)

CASE NUMBER

082 50011

JUDGE _____

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, James Lament Leach, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: _____
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: _____

2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: _____
Name and address of employer: _____

a. If the answer is "No":
Date of last employment: 10-21-08
Monthly salary or wages: \$9.61 Hr at 80 Hrs
Name and address of last employer: GCA Services Group
260 Phelps Ave APT 2L

b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents
Bryce T Leach 7-16-94 son live with me have
custody of him do every thing for him I'm the mother + father.
I pay child support But right now I'm not able to
pay it until I go back to work it was \$236 so biweekly
for two children
Jawaw B Leach 7-10-90
Elijah Daughtery 2-24-06

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 6-11-08

James Leumont Leach
Signature of Applicant

James L. Leach
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

CRUSADER CLINIC ON WEST STATE STREET
1200 West State Street, Rockford, Illinois 61102-2112
815/490-1600/V/TDD

CRUSADER CLINIC ON BROADWAY, Rockford, IL
CRUSADER CLINIC BELVIDERE, Belvidere, IL
CRUSADER COMMUNITY CLINIC, Freeport, IL

CRUSADER CLINIC
MEDICAL / DENTAL
RELEASE

INSTRUCTION BOX

Complete and give original to
patient and file copy in chart.

DATE: 8/20/08

PATIENT: James Leach DOB: 3/8/70

This is to certify that James Leach
has been examined and treated at Crusader Clinic today.

To whom it may concern:

RESTRICTIONS

James Leach is unable to perform any
work with his Rt arm and Rt shoulder
until after he has his Rotator Cuff
repaired and completes his post-op Physical

REMARKS

Therapy. Thanks.

A. Campbell PA-C
Name / Signature

	MD	PA	NP	CNM	DDS
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